GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:54
ANSWERED ON:26.07.2006
NON -AVAILABILITY OF DOCTORS IN RURAL HEALTH CENTRES
Rawat Shri Ashok Kumar;Yadav Shri Kailash Nath Singh

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Health Organisation in its report on the National Rural Health Mission has stated that not even a single doctor is available in many of the health Centres in the country;

(b) if so, the details thereof;

(c) whether the Government has assessed the availability of doctors and midwives in Rural Health Centres;

(d) if so, the details thereof; and

(e) the steps taken/being taken to appoint doctors/midwives in such Centres on the basis of the 2001 census?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 54 FOR 26TH JULY, 2006

A bulletin of the World Health Organization, South East Asia Regional Health Forum, in its Volume No. 10, released on 11.7.2006 has published an article `Human Resources for Health in India`s National Rural Health Mission - Dimensions and Challenges`. The Article mentions that nearly 700 Primary Health Centres (PHCs) are currently without doctors. The existing Community Health Centres (CHCs) also have high shortfall of Specialist manpower, such as Obstetricians and Gynecologists (56%), Pediatricians (67%), Surgeons (56%) and Medical Specialists (59%) with no sanctioned provisions of Anesthetists. As far as Auxiliary Nurse Mid-wives (ANMs) in Sub-centres are concerned, there is a shortfall of 11,190 ANMs (covering 7% of Sub-centres).

Under National Rural Health Mission (NRHM), outpatient services are proposed to be strengthened through postings/appointments of one more Medical Officer in addition to the Medical Officer posted at PHC (one male, one female) and an AYUSH doctor for 24x7 services at PHCs. 2 more Nurse-midwives will also be provided at PHCs. CHCs would be strengthened by provision of three additional Specialists in place of four at present by inclusion of an Anesthetist, Public Health Programme Manager and an Ophthalmologist (1 for five CHCs).
The NRHM envisages the provision of an additional ANM at each Sub-centre. Taking into account the vacancy of ANMs as per 1991 population norm and about 21983 new Sub-centres needed to be established as per 2001 population norm in addition to provision of 142655 additional ANMs under NRHM, about 2 lakhs ANMs would be required for strengthening the Sub-centres.

A number of States have taken various initiatives to ensure the presence of doctors in rural areas such as:

Compulsory rural/difficult area posting for admission to post-graduate courses and as a pre-requisite for promotion, foreign assignment or training abroad;

Compulsory rotation of doctors on completion of prescribed tenure as per classification of locations;

Contractual appointment of doctors;

Option to forgo non-practicing allowance and undertake practice without compromising on assigned duties, as per the service rules; offering incentive in form of allowance etc.

Manning of PHCs by NGOs/non Government Stakeholders.

Involvement of Medical colleges.